

Attorney or Party Name, Address, Telephone & FAX Numbers, and California State Bar Number	FOR COURT USE ONLY
Attorney for	
<b>UNITED STATES BANKRUPTCY COURT CENTRAL DISTRICT OF CALIFORNIA</b>	
In re:	CHAPTER _____
	CASE NUMBER _____
	DATE: _____
Debtor.	COURTROOM: _____

## ORDER ON OBJECTIONS TO CLAIMS

The Debtor or Trustee having filed objections to certain claims, the Court having considered the evidence and argument presented in support and in opposition to such objections, if any, and good cause appearing therefore, the Court makes the following ruling as to the objections to claims:

**(NOTES FOR USE OF THIS FORM:** List claims in ascending numerical order based upon the Clerk's Claim Number. Use a separate box below for each Claim. Attach as many Continuation Pages as are necessary.)

Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____ Claimant Name: _____ <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed: <input type="checkbox"/> Unsecured: <input type="checkbox"/> Priority: \$ Basis for Objection: _____	For Court Use Only
Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____ Claimant Name: _____ <input type="checkbox"/> Disallowed <input type="checkbox"/> Allowed: <input type="checkbox"/> Unsecured: <input type="checkbox"/> Priority: \$ Basis for Objection: _____	For Court Use Only

(This Order is continued on the next page.)

(Judge's signature appears on the last page of this Order.)

In re _____  Debtor.	CHAPTER _____  CASE NUMBER _____
----------------------------	--

**ORDER ON OBJECTION TO CLAIMS (Continuation Page)**

<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only

(This Order is continued on the next page.)

In re _____	CHAPTER _____
Debtor. _____	CASE NUMBER _____

### ORDER ON OBJECTIONS TO CLAIMS Continuation Page

<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only
<p>Calendar Number: _____ Claim Number: _____ Claim Amount: \$ _____</p> <p>Claimant Name: _____</p> <p><input type="checkbox"/> Disallowed      <input type="checkbox"/> Allowed:      <input type="checkbox"/> Unsecured:      <input type="checkbox"/> Priority: \$</p> <p>Basis for Objection: _____</p>	For Court Use Only

IT IS SO ORDERED,

Dated: \_\_\_\_\_

\_\_\_\_\_  
JUDGE OF THE UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA

In re _____  Debtor.	CHAPTER _____  CASE NUMBER _____
----------------------------	--

**PROOF OF SERVICE BY MAIL**

STATE OF CALIFORNIA COUNTY OF \_\_\_\_\_

I am employed in the above County, State of California. I am over the age of 18 and not a party to the within action. My business address is as follows:

On \_\_\_\_\_, I served the foregoing document described as: ORDER ON OBJECTIONS TO CLAIMS on the interested parties at their last known address in this action by placing a true and correct copy thereof in a sealed envelope with postage thereon fully prepaid in the United States Mail at \_\_\_\_\_, California, addressed as follows:

☐ Addresses continued on attached page

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated:

\_\_\_\_\_  
Type Name

\_\_\_\_\_  
Signature